

ANNUAL EMERGENCY HELP SURVEY
THIS INFORMATION WILL BE KEPT CONFIDENTIAL
FOR OFFICIAL USE ONLY





☐ **YES, I/This person will need help in the event of an emergency:**

NAME _____
ADDRESS _____
CITY AND ZIP _____
PHONE _____
TTY _____





----- SCORE HERE; DOTTED LINE DOES NOT PRINT -----

Please mark an "X" in EACH box that applies to you.

I consider myself to be:

-  ☐ Deaf or Hard of Hearing
-  ☐ Blind/Low Vision
-  ☐ Person in wheelchair
-  ☐ Confined to bed
- ☐ Other (specify): _____

Help needed:

-  ☐ Need a ride
-  ☐ Need a wheelchair accessible ride
-  ☐ Need an ambulance
-  ☐ Need individualized notification
- ☐ Need help sheltering-in-place
- ☐ Other (specify): _____
(example: help to bus stop)

☐ **Relative or person we can notify to help you in case of an emergency:**

NAME _____
ADDRESS _____
CITY and ZIP _____
PHONE (home) _____ PHONE (work) _____

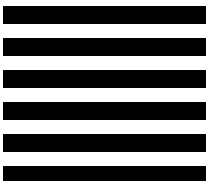
FOLD WHERE INDICATED, TAPE AND MAIL



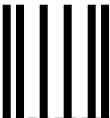
N.H. DEPARTMENT of SAFETY
HOMELAND SECURITY and EMERGENCY MANAGEMENT
33 Hazen Drive
Concord, NH 03305-0001

POSTAGE WILL BE PAID BY ADDRESSEE

BUSINESS REPLY MAIL
FIRST-CLASS MAIL PERMIT NO. 2159 CONCORD NH



NO POSTAGE
NECESSARY
IF MAILED
IN THE
UNITED STATES



I LIVE IN THE TOWN OF:

SCORE HERE; DOTTED LINE DOES NOT PRINT